1:07-cv-06995 1 CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING
CAUSE LAST CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER BIRTHPLACE (CRYXIDSTATE OF FOREIGN COUNTRY) COUNTY OF DEATH SOCIAL SECURITY NUMBER INFORMANT'S NAME ITYPEORPHINI RESIDENCE DATE OF OPERATION, IF ANY PARTIL Other supplicating contributing to death buf not residing in the underlying course given in PARTI 20a 17Patricia NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER NAME AND ADDRESS OF SPR TO THE BEST OF MY KNOWLEDGES I(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIMHER ALIVE ON 22a. SIGNATUHE FUNERAL HOME BURIAL, CREMATION Immediate Cause (Final disease or condition HERNANDO. estring in death) L'ARTER inois ISTREET WIDHULLDER BATES 'A'SSIGNATURE FIRST MS BUNERAL Sifuentes Adm Cleyko Med Peggy Enierthe diseases, or complications that caused the death. Do not enter the mode of dying, such as cordecorespitatory errast, shock, or heart failure. List only one cause on each tine. ב בממנה ב 1為0619 24b. CEMETERY OR CREMATORY-NAME awer keep (b) / / C. C. C. DUE TO, OR AS A CONSEQUENCE OF DUETO, OR AS (a) O MARRIED, NEVER MARRIED. WIDOWED, DIVORCED (SPECIFY) USUAL OCCUPATION MAJOR FINDINGS OF OPERATION 11a. DATA MT. CHAPEL のおもならる CHÉRED AT THE TIME PONTE MOPLACE AND DUE TO THE CAUSE IS STATED. HALE MANTE BLACK, AMERICAN HOUNG BLISFECIPY HOPE CONSEQUENCE OF AGE-LAST IVAS) HOSPITAL OR OTHER INSTITUTION-JAMASE (IPONOT RETINER, GIVE STREET MIDJUNJEBER) BACTOCATE Trinity Hospital 2100 EAST ENTRY neros TOLIVER CEMTERY STREET AND NUMBER OR R.F.D. 3 (TYPE OR PRINT) RELATIONSHIP UNDER TOWN, TWP, OR BOAD DISTRICT NO. Goodman E MAR KIND OF BUSINESS OR INDUSTRY 75th DAYS ------24c LOCATION CHICKE 6 Re STREET OF HISPANIC ORIGIN7 (SPECIFYHOORYES-IFYES, SPECIFYCUBWL MEXICM, PUERTORICML oil) 9.50 MOTHER-NAME ÷ 7 1π9320 E CHICAGO Brown MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, 219 Ę EXAMINEANOTIF GEORGIA 210 CITY OR TOWN 1000 FORS FIRST O YES DATE OF BIATH (MONTH, DAY, YEAR) CITY OR TOWN が見かりが CHICAGO EDUCATION (SPECIFYORL)
Elementary/Secondary (0-12) 93rd St Chicago DATE PILED BY LOCAL PREDISTRANS INCOMES ON YEARS FUNERAL DIRECTOR'S ILLIHOIS LICENSE HUMBER 13cYes: SPECIFY INSIDECITY LLINOIS MIDDLE Dillon (VESAID) **NESAO** THE PARTY 200 IFFEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? ILLINOISLIÇI DATE SIGNED HOUROFDEATH ILLINOIS <u>wInpatient</u> OP/ENER. RM, WPATERT (SPECIFY) 13d.Cook LI SBY WERE ALTERS TO FOURSE OF DEAD OF PRESIDE 195 EST GRADECOMPLETEOL 24d. DATE BOONE NOC WASDECEASED EVERHULS HO HINO IER OR MEDICAL EXAMINER HANGOULTHUM STANDONGIAN 04/08/2006 The standard of the standard o (MONTH, DAY, YEAR) 占 60649 Ę 60617 SHEET IS A TRUE COPY OF A RECORD BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO CERTIFY THAT I AM THE KEEPER OF I, TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF ACCOMPANYING CERTIFICATE ON THIS OF ILLINOIS AND THE ORDINANCES OF THE RECORDS OF BIRTHS, STILLBIRTHS THE CITY OF CHICAGO, DO HEREBY LAW AND ORDINANCES. KEPT BY ME IN ORDINANCE OF SAID THE CITY OF CHICAGO; THAT THE MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

Document 15-3

Filed 06/03/2008

Rage 1 of 1

DISTRICT NO.I'O. 1U

DECEASE NUMBER

FIRST

HIDDLE

REGISTERED

MEDICAL CERTIFICATE

OF DEATH

Female

April 05

2006

DATEOFDEATH

INDITH, DAY, YEAR!

200

STATE OF ILLINOIS

Case

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

ANNERS NAMED DE LES PORTES DE LA COMPANSION DE LA COMPANS

EXHIBIT

REDACTED JUTICE MORAN MAGISTRATE JUDGE NOLAN

STATE OF ILLINOIS COUNTY OF COOK 98.58 THE STAN

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-CH Word ly

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